

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/
TAX CREDITS/DEFERRAL APPLICATION**

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

Property for which Exemption/Tax Credit/Deferral is claimed:

| | | | |
|---|---|-------------------------------|--------------------------|
| STEP 1 NAME AND ADDRESS | PROPERTY OWNER'S LAST NAME Miles | FIRST NAME Patricia | INITIAL A |
| | PROPERTY OWNER'S LAST NAME | FIRST NAME | INITIAL |
| | MAILING ADDRESS 99 Cynthia Circle | | |
| | CITY/TOWN Seabrook | STATE NH | ZIP CODE 03874 |
| PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 99 Cynthia Circle | | | |

| | | | |
|---|--|----------------------|--|
| STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL | CITY/TOWN TAX MAP # 15 | BLOCK # 98 | LOT # 1 |
| | VETERANS' TAX CREDIT | | |
| | | | |
| <input checked="" type="checkbox"/> | Veterans' Tax Credit \$50 minimum (to \$500) | Amount \$ <u>500</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> _____ |
| <input type="checkbox"/> | Service Connected Total & Permanent Disability \$700 minimum to \$2000 | Amount \$ _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| <input type="checkbox"/> | Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000) | Amount \$ _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| <input type="checkbox"/> | Review Discharge Papers (ei: Form DD214), Form # _____ | | |
| <input type="checkbox"/> | Other Information _____ | | |

| | | | | | | | | |
|---|-----------------|---------------------------|-------------|--|---------------------------------|---|--------------------------|-------|
| VETERANS' EXEMPTION | | | | | | | | |
| | | | | <u>Granted</u> <u>Denied</u> <u>Date</u> | | | | |
| <input type="checkbox"/> | Total Exemption | <input type="checkbox"/> | (a) Veteran | <input type="checkbox"/> | (b) Surviving Spouse/CU Partner | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS | | | | | | | | |
| Income Limits | | Disabled Exemption | | Elderly Exemption | | Elderly Exemption Per Age Category | | |
| Single | \$ _____ | | \$ _____ | | \$ _____ | 65 - 74 years of age | \$ _____ | |
| Married | \$ _____ | | \$ _____ | | \$ _____ | 75 - 79 years of age | \$ _____ | |
| Asset Limits | | | | | | 80 + years of age | | |
| Single | \$ _____ | | \$ _____ | | \$ _____ | | | |
| Married | \$ _____ | | \$ _____ | | \$ _____ | | | |

| | | | | | |
|--------------------------|--|-----------------|--------------------------|--|-------|
| OTHER EXEMPTIONS | | | | | |
| | | | | <u>Granted</u> <u>Denied</u> <u>Date</u> | |
| <input type="checkbox"/> | Elderly Exemption | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Disabled Exemption | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Improvements to Assist the Deaf | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Improvements to Assist Persons with Disabilities | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Blind Exemption | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Deaf Exemption | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Solar Energy Systems Exemption | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Woodheating Energy Systems Exemption | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Wind-Powered Energy Systems Exemption | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

| | | | |
|--|-----------------------------------|-----------------|---|
| Elderly & Disabled Tax Deferral | | | |
| <input type="checkbox"/> | Elderly and Disabled Tax Deferral | Amount \$ _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |
| For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV) | | | |

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|---|--------------------------|--|--|
| STEP 3 COM- MENTS/ NOTES | Municipal Comments/Notes | | |
|---|--------------------------|--|--|

| | | | |
|------------------------------------|------------------------------------|---|------|
| STEP 4 SIGNA- TURES | Selectmen/Assessor(s) Printed Name | Signature of Selectmen/Assessor(s) in ink | Date |
| | Aboul B. Khan, Chairman | | |
| | Theresa Kyle | | |
| | Ella Brown | | |

APPEAL PROCEDURE If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before **September 1st** following the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2013 property taxes, you have until September 1, 2014, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/LOOKLOT

all vet VC 2020

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: Patricia A. miles

APPLICANT'S LAST NAME: miles APPLICANT'S FIRST NAME: Patricia MI: A. PHONE NUMBER: _____

APPLICANT'S LAST NAME: _____ APPLICANT'S FIRST NAME: _____ MI: _____ PHONE NUMBER: _____

MAILING ADDRESS: 99 Cynthia Circle

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 99 Cynthia Circle TAX MAP: 15 BLOCK: 98 LOT: 1

IS THIS YOUR PRIMARY RESIDENCE? YES NO

STEP 2 VETERAN'S INFORMATION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR: Tax Credit Veterans' Standard (RSA 72:28) *all vet* Tax Credit for Service-Connected Total Disability (RSA 72:35) Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: Patricia Engin-miles Dates of Military Service Enter (MMDDYYYY): _____ 4. Date of Entry: 2-11-81 5. Date of Discharge/Release: 2-10-84

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

6. Name of Allied Country Served in: _____ 7. Branch of Service: _____ 8. Please Check One. US Citizen at time of entry into Service Alien but resident of NH at time of entry into Service

9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name: _____

STEP 3 STANDARD EXEMPTIONS

10. Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a) (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth: _____ 10b. Spouse's Date of Birth: _____

11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)

LOCAL OPTIONAL EXEMPTIONS (if adopted by city/town)

12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62) Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:66) Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)

STEP 4 RESIDENCY

13. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit) NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)

STEP 5 OWNERSHIP

14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own? _____

STEP 6 SIGNATURES

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature] DATE: 2/07/06/18

SIGNATURE (IN INK) OF PROPERTY OWNER: _____ DATE: _____

WHEN TO FILE

Form PA-29 must be filed by April 15 preceding the setting of the tax rate. The municipal assessing officials shall send written notice to the taxpayer of their decision by July 1 prior to the date of notice of tax. Failure of the municipal assessing officials to respond shall constitute a denial of the application. (See instructions for more details)

APPEAL PROCEDURE

If an application for a property tax exemption or tax credit is denied by the municipality, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to the Superior Court in the county where the property is located. (See instructions for more details)

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

all vet VC 2020

VETERANS' CREDIT QUALIFICATIONS WORKSHEET
In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

Name of Municipality: Seabrook
Name of Applicant: Patricia Mikes
Address of Applicant's Principal Place of Abode: 99 Cynthia Circle
Map and Lot Number of Applicant's Principal Place of Abode: 15-98-1
Date of Original Application to Municipality: 6-15-2018

Regular Veterans' Tax Credit (RSA 72:28)

Date Range of Active Duty From DD214 or other qualifying discharge papers;
(90 days must be within this range) 2-11-81 - 2-10-84 Name of Conflict: _____
Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: _____

For a list of qualifying medals go to: http://www.nh.gov/revenue/property_tax/veterans_medals_list.doc

For a list of qualifying discharge papers go to:
http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Dischg_Papers_Web_0804.doc

Documentation Reviewed By: [Signature] Application Approved by: [Signature] 1/14/20

Service Connected Total and Permanent Disability (RSA 72:35)

The municipality has seen a copy of the letter provided by the United States Department of Veterans' Affairs certifying that the applicant is rated totally and permanently disabled from service connection and has approved or denied this application accordingly.

Documentation Reviewed By: _____ Application Approved by: _____

Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)¹

For 72:29-a: The municipality has seen a copy of the DD214 discharge papers or a copy of the DD Form 1300, Report of Casualty, or other qualifying discharge papers of the veteran's spouse and has determined that the veteran, in this case, died or was killed while on active duty in the armed forces of the United States of America in the wars, conflicts or armed conflicts, or combat zones set forth in RSA 72:28 and has approved or denied this application accordingly.

For 72:36-a: The municipality has seen a letter from the VA certifying that the veteran did receive assistance from the VA in acquiring his residential real estate.

Documentation Reviewed By: _____ Application Approved By: _____

Date of Review: _____ Date of Review: _____ Date of Review: _____

| | | | | | | |
|---|-----------------------------|---|---|--|---------------------------------------|-----------|
| DD FORM 1 JUL 79 214 | | PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. | | CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY | | |
| 1. NAME (Last, first, middle) ENGLIN, PATRICIA ANN | | 2. DEPARTMENT, COMPONENT AND BRANCH ARMY/PA | | 3. SOCIAL SECURITY NO. [REDACTED] | | |
| 4a. GRADE, RATE OR RANK SP4 | 4b. PAY GRADE E-4 | 5. DATE OF BIRTH 620309 | 6. PLACE OF ENTRY INTO ACTIVE DUTY Minneapolis, MN | | | |
| 7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USA FIELD ARTILLERY BOARD FUSCOM FC | | | 8. STATION WHERE SEPARATED FT. SILL, OK | | | |
| 9. COMMAND TO WHICH TRANSFERRED USAR CONTROL GROUP (REINFORCEMENT) RCPCC ST LOUIS, MO 63132 | | | 10. SGLI COVERAGE AMOUNT \$ <u>35</u> 000 <input type="checkbox"/> NONE | | | |
| 11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 17C10, FIELD ARTILLERY TARGET ACQUISITION SPECIALIST, 2 years 8 months//NOTHING FOLLOWS | | 12. RECORD OF SERVICE | | | | |
| | | | | YEAR (s) | MON (s) | DAY (s) |
| | | a. Date Entered AD This Period | | 81 | 02 | 11 |
| | | b. Separation Date This Period | | 84 | 02 | 10 |
| | | c. Nat Active Service This Period | | 03 | 00 | 00 |
| | | d. Total Prior Active Service | | 00 | 00 | 00 |
| | | e. Total Prior Inactive Service | | 00 | 01 | 05 |
| | | f. Foreign Service | | 01 | 05 | 22 |
| | | g. Sea Service | | 00 | 00 | 00 |
| | | h. Effective Date of Pay Grade | | 82 | 12 | 01 |
| | | i. Reserve Oblig. Term. Date | 87 | 01 | 05 | |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON-1//ARMY ACHIEVEMENT MEDAL//SHARPSHOOTER (RIFLE M16)//SHARPSHOOTER (HAND GRENADE)//NOTHING FOLLOWS | | | | | | |
| 14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) NOTHING FOLLOWS | | | | | | |
| 15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 17. DAYS ACCRUED LEAVE PAID 09 | |
| 18. REMARKS Dental care was not provided within 90 days prior to separation. NOTHING FOLLOWS | | | | | | |
| 19. MAILING ADDRESS AFTER SEPARATION 1332 MACARTHUR AVE. West St. Paul, MN 55118 | | | | 20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> AFFAIRS <input type="checkbox"/> DIR. OF VET <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 21. SIGNATURE OF MEMBER BEING SEPARATED <i>Patricia A. Englin</i> | | | 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN RUDOLPH F. MITLER, SFC, USA, ACTING ASST AG | | | |

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

| | | | |
|--|--|--|---|
| 23. TYPE OF SEPARATION RELIEF FROM ACTIVE DUTY | | 24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE | |
| 25. SEPARATION AUTHORITY CHAPTER 4 AR 635-200 | | 26. SEPARATION CODE LBK | 27. REENLISTMENT CODE RE-1 |
| 28. NARRATIVE REASON FOR SEPARATION EXPIRATION TERM OF SERVICE | | | |
| 29. DATES OF TIME LOST DURING THIS PERIOD NONE | | | 30. MEMBER REQUESTS COPY 4 <i>DAE</i> INITIALS |